

# Alcoholic Beverage License Application



City of Dunwoody  
41 Perimeter Center East Ste 250  
Dunwoody, GA 30346  
Phone: (678) 382-6700  
Fax: (678) 382-6701

The City of Dunwoody has established the following application to allow for the lawful pouring of alcohol in accordance with the City of Dunwoody's Alcohol Beverages, Chapter 4 as it pertains to Alcoholic Beverage Privilege Licenses.

An Alcoholic Beverage Privilege License is required for any establishment selling Alcoholic Beverages for consumption on or off premises within the city limits of Dunwoody.

In order to sell, offer for sale, or otherwise dispense any alcohol beverages within the City, the establishment must first obtain a license from the City of Dunwoody. For questions regarding an Alcohol Beverage License, please contact the Finance Department at 678-382-6700.

Alcoholic Beverage Privilege Licenses are issued to individual establishments at the specific address. The License is not transferable to a new owner or new address. The Alcoholic Beverage Privilege License will expire each year on December 31<sup>st</sup>. It is the establishment's responsibility to renew the license each following year.

The City Manager reserves the right to revoke any license that is not in compliance with the law at any time without refund. Should he choose to do so there will be written notification sent to the licensee.

The fee for an Alcoholic Beverage Privilege License shall be set by Resolution of the City Council and shall remain in effect until modified or amended by subsequent resolution adopted by the City Council.

Please submit the following Alcoholic Beverage Privilege License Application and required supplemental materials by mail or in person (detailed in the following checklist) to the Finance Department located at 41 Perimeter Center East Ste 250, Dunwoody, GA 30346. If you have questions, please do not hesitate to contact the Finance Department at (678) 382-6700.

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## Application Requirements: (In Duplicate)

- ☐ Applicant Information
- ☐ Personnel Statements
- ☐ Copy of Menu
- ☐ Registered Agent (Notarized)
- ☐ Signed & Notarized Affidavit from Applicant
- ☐ Business License Registration
- ☐ Legal Land Survey (New Applicants)
- ☐ Floor Plan Drawing (In Duplicate)
- ☐ Review
- ☐ Certificate of Occupancy
- ☐ Fire Department Approval
- ☐ Health Department Approval
- ☐ Pouring Permits

## Application Required Attachments:

- ☐ Copy of DeKalb County Privilege License for 2008
- ☐ Payment in Full (Cash in person, Cashier's Check or Money Order ONLY)
- ☐ Signed Authorization for Criminal Background Check (any and all owners or partners with 10% or more ownership)
- ☐ Fingerprinting by the City of Dunwoody Police Department
- ☐ Photographing by the City of Dunwoody Police Department

## The following items may be required, if applicable:

- ☐ Arrest and Conviction Information, including:
  - date(s) of conviction or arrest
  - charge(s)
  - location(s)
  - dates served in jail
  - dates served on probation or parole

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Business Information	Business Name:		Business Address:		City/State/Zip:	
	Business Telephone:		Mailing Address:		City/State/Zip:	
	Check One: ( ) New Location ( ) New Licensee ( ) New Ownership Other –Specify Type of Change Administrative Fees: ( ) Beer and /or Wine \$100 ( ) Liquor \$200					
License Information	Type of Business: <input type="checkbox"/> Convenience/Grocery <input type="checkbox"/> Grocery with Gas <input type="checkbox"/> Super Market		<input type="checkbox"/> Restaurant <input type="checkbox"/> Nightclub/Bar <input type="checkbox"/> Package/Liquor Store <input type="checkbox"/> Country Club		<input type="checkbox"/> VFW <input type="checkbox"/> American Legion Post <input type="checkbox"/> BPOE (Elks Club) <input type="checkbox"/> Other	
	Type of License: <input type="checkbox"/> Consumption		<input type="checkbox"/> Retail		<input type="checkbox"/> Importer	
	<input type="checkbox"/> Wholesaler					
Applicant Information	<input type="checkbox"/> Beer Only <input type="checkbox"/> Wine Only <input type="checkbox"/> Beer & Wine Combination <input type="checkbox"/> Liquor- Package or COP <input type="checkbox"/> Additional Movable Bars <input type="checkbox"/> Sunday Sales		<b>Monthly Fees</b> \$50.00 X \$50.00 X \$75.00 X \$333.00 X \$50.00 X \$25.00 X \$91.66 X		<b>Number of Months</b> _____ = _____ = _____ = _____ = _____ = _____ = _____ =	
					<b>License Fee Due</b> _____ _____ _____ _____ _____ _____ _____	
	Sunday Permits are only issued to eating establishments. New Establishments are given up to six (6) months to comply with the minimum food sales requirements. <b>Food sales must be at least 60% of total annual food and alcohol sales.</b>					
Ownership Information	LICENSEE NAME Last:		First:		Middle:	
	Aliases / Stage Names:		Social Security Number: - -			
	County of Residence:		Home Address:		City/State/Zip:	
Affidavit	Type of Ownership: ( ) Single Proprietor ( ) Partnership ( ) Association ( ) Corporation or LLC					
	Corporate Name:		Corporate Address:		Date of Incorporation/State of Inc.	
	Corporate Officers or Partners	Home Address	City/State/Zip	% of Interest	Social Security #	
This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____ The Licensee, do solemnly swear that the answers and statement on this application are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage License.						
Signature of Applicant/Licensee		Date:		Seal:		
Signature of Notary Public		Date:				

<b>Additional Information</b>	Will you have entertainment? If Yes, Describe in Detail.					
	Does the Licensee, Partner, Corporation or owner have any ownership interest in any other licensed alcoholic beverage business in the state of Georgia? If Yes, give the name of that person, name of business, and complete address:					
	List the full name, Address and other pertinent information for each person having any ownership interest in this business:					
	Name	Address	City/State/Zip	Social Security #	Date of Birth	%Interest
List the Name and address of owners of the building and land and the name and address of the lessor or sub lessor:						
Owner Building: _____						
Owner Land: _____						
Lessor: _____						
Sub-Lessor: _____						
How much money is being invested in the business and by whome? Total amount of money paid _____						
Name of Person		Home Address		City/State/Zip	Amount of Money	
How Much of the Money is being borrowed and by whom? Total amount borrowed _____						
Name of Bank, Business or Person		Street Address		City/State/Zip		
Name and Home Address of the Manager						
Have you attached a copy of the floor plans of this business showing inside layout of the store, including entrance(s) and exit(s). Night clubs and restaurants needs to show kitchen, bathrooms, dining areas, entertainment area and any offices. ( ) Yes ( ) No						
Have you attached two (2) registered agent forms with pictures of the agent? ( ) Yes ( ) No						
If you are a gas station that is selling beer and wine, applying to sell liquor:						
<input type="checkbox"/> Have you submitted as built plans to the Community Development department showing that there are no common storage areas or doors, or common cash registers to the area of the store selling products other than distilled spirits. (Yes/No)						
<input type="checkbox"/> Have you registered a second and separate legal address for the area of the store selling products of than distilled spirits. (Yes/No)						
<input type="checkbox"/> Have you submitted an personnel statement proving separate employees for each location. (Yes/No)						
*** Please note any application that does not submit all of the above requirements will be denied.						
Have you received a copy of the City of Dunwoody Alcoholic Beverage Ordinance? ( ) Yes ( ) No						
No application may be processed without acknowledgement of receipt of this document.						

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:

# Personnel Statement



City of Dunwoody  
41 Perimeter Center East Ste 250  
Dunwoody, GA 30346  
Phone: (678) 382-6700  
Fax: (770) 396-4705

<b>Applicant Information</b>	NAME Last:	NAME First:	NAME Middle:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Aliases / Stage Names:	Social Security Number: - -
	Home Address:		City/State/Zip:
	Date of Birth:        /        /	BIRTHPLACE City:	BIRTHPLACE State:
	Are you a U.S. Citizen?	Naturalized? Provide Certificate No. (Yes/No)	Date, Place, Court.
	Petition Number	Derived Parents Certificate No.	Alien Register No.
	*** Note a copy of Resident Alien Card and Drivers License must be provided at the time of application. The application will not be accepted without this documentation.		
	Native Country	Date of Entry	Port of Entry
	Marital Status	If Married, Spouse's Name:	Spouse's SS No.
	Spouse's Date of Birth:	Spouses Employer:	Address of Spouse's Employer:
<b>Business Information</b>	Business of Employment:		
	Job Title:	Supervisor:	
	Street Address:		
	Phone:	Length of Employment:	
	% Ownership if any:	Salary or Annual Compensation:	
<b>Additional Information</b>	Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each. 1) _____ 2) _____ 3) _____		
	Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details.  _____		
	Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? (Yes/No) If so, give Details.  _____		

Employment Record (Most Recent Experience First)	If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved).							
	Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details.							
	Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed.							
	Reason Charged or Held			Date		Place of Charge		
	Reason Charged or Held			Date		Place of Charge		
	No Arrests? (Yes/No)				Attached additional Arrests? (Yes/No)			
	Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc) Specify which and show dates used.							
	From		To		Occupation and Description of Duties Preformed	Salaries Received	Employers	Reason for Leaving
	Month	Year	Month	Year				
Residences for the Past Ten Years	Dates		Street		City		State	
	From	To						

# Personnel Statement



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NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, \_\_\_\_\_ County. I \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

\_\_\_\_\_  
Applicant's signature

I hereby certify that \_\_\_\_\_ signed his name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

This \_\_\_\_--\_\_\_\_ day of \_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Seal

Please Attach Original Photograph (front view) taken within the past year (copies are not acceptable).

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:

Agent Information	NAME Last:		NAME First:		NAME Middle:	
	Date of Birth:        /        /				Social Security Number:        -        -	
	Home Address:				City/State/Zip:	
	Are you a U.S. Citizen?		Home Telephone Number:		Business Telephone Number:	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHPLACE City:		BIRTHPLACE State:	
Business	Business Name:					
	Street Address:				City/State/Zip	

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Dunwoody Code Chapter 4, Article 2, and Section 11(i). I also consent to the required criminal background investigation in order to serve as a registered agent.

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. It is the owner's responsibility to maintain a registered agent who lives in DeKalb County. Please attach a cashier's check or money order for \$50.00 payable to City of Dunwoody to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

Licensee Name		Two Pictures taken within the last year are required. Attach one picture of the agent here on each form.
Licensee's Signature	Date	
Owner's Name		
Owner's Signature	Date	
Officer's Name	Title	
Officer's Signature	Date	



# Background Check Consent



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**\*\*\*PLEASE NOTE: Background Checks are only preformed between the hours of 9AM-11AM and 1PM-3PM on Tuesdays and Thursdays**

I authorize the **Dunwoody Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

PRINT FULL NAME \_\_\_\_\_

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO \_\_\_\_\_

DATE \_\_\_\_\_

ARE YOU A U.S. CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, you will need to have your Green Card available. Country of Birth \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SEC# \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

Employee Completing: \_\_\_\_\_ DATE COMPLETE \_\_\_\_\_

RECORD ATTACHED \_\_\_\_\_ NO RECORD \_\_\_\_\_